

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 03
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MICHIEL	MI NOE
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1440 GEORGE DIETER, STE A EL PASO, TX 79936		
	AREA CODE PHONE NUMBER EXTENSION (915) 591-4444		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MR	FIRST RONALD	MI E
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 MONTANA EL PASO, TX 79902		
	AREA CODE PHONE NUMBER EXTENSION (915) 532-8000		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	REPORT TYPE		
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	PERIOD COVERED		
	Month Day Year 01 / 01 / 2012 THROUGH 06 / 30 / 2012		
9 REPORT TYPE	ELECTION		
	ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
10 PERIOD COVERED	OFFICE		
	OFFICE HELD (if any) OFFICE SOUGHT (if known) CITY REPRESENTATIVE		
11 ELECTION	NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		
	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
12 OFFICE	<input type="checkbox"/> additional pages		
	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.

FORM C/OH

2012 JUL 16 PM 1:07 COVER SHEET PG 2

15 C/OH NAME

MICHIEL R NOE

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,828.89

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

913.25

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

23,500.00

19 AFFIDAVIT



SYLVIA ACUNA
Notary Public, State of Texas
My Commission Expires
February 24, 2013

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

CITY OF EL PASO
STATE OF TEXAS

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michiel R. Noe, this the 16 day of July, 20 12, to certify which, witness my hand and seal of office.

Sylvia Acuna
Signature of officer administering oath

Sylvia Acuna
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2012 JUL 16 PM 1:08

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 01	2 FILER NAME MICHEL R NOE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/01/2012	5 Payee name PATE AND APPLEBY, LLP	
6 Amount (\$) 1,470.00	7 Payee address; City; State; Zip Code 1011 MONTANA EL PASO, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/01/2012	Payee name LOPEZ MARKETING	
Amount (\$) 20.89	Payee address; City; State; Zip Code 11169 LA QUINTA PLACE EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) WEBSITE RENEWAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/25/2012	Payee name PATE AND APPLEBY, LLP	
Amount (\$) 338.00	Payee address; City; State; Zip Code 1011 MONTANA EL PASO, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED